

Hall of the House of Representatives
95th General Assembly - Regular Session, 2025
Amendment Form

Subtitle of House Bill 1301

TO AMEND THE PRIOR AUTHORIZATION TRANSPARENCY ACT.

Amendment No. 1 to House Bill 1301

Amend House Bill 1301 as originally introduced:

Page 1, delete line 19, and substitute the following:

"SECTION 1. Arkansas Code § 23-99-1103, concerning the definitions used in the Prior Authorization Transparency Act, is amended to add an additional subdivision to read as follows:

(23) "Gold card program" means the process described in §§ 23-99-1120 – 23-99-1126 under which a healthcare provider may qualify for an exemption from a healthcare insurer's or pharmacy benefits manager's prior authorization requirements.

SECTION 2. Arkansas Code § 23-99-1120 is amended to read as follows:"

AND

Page 9, delete lines 31 through 33, and substitute the following:

"(e)~~(1)~~ Prescription drugs, medicines, biological products, pharmaceuticals, or pharmaceutical services are ~~exempt as a healthcare service for purposes of §§ 23-99-1120 – 23-99-1126 until December 31, 2024~~ subject to the gold card program unless exempted from the gold card program under § 23-99-1128(b)."

AND

Page 10, delete lines 12 through 36, and substitute the following:



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"SECTION 8. Arkansas Code § 23-99-1128 is amended to read as follows:
23-99-1128. Prescription drugs, medicines, biological products, pharmaceuticals, or pharmaceutical services.

~~(a)(1) Beginning on January 1, 2024, a healthcare insurer or pharmacy benefits manager shall submit a written request to the Arkansas State Board of Pharmacy for any prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service to be reviewed for a continuation of prior authorization by a specified health benefit plan whether or not a healthcare provider has met the criteria for an exemption from prior authorization under §§ 23-99-1120 — 23-99-1126.~~

~~(2) The request under subdivision (a)(1) of this section shall state the reason the request is being made for each prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service for the specified health benefit plan If a prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service is not exempt from the gold card program under subsection (b) of this section, then a healthcare provider shall be reviewed by a healthcare insurer or pharmacy benefits manager under the gold card program for the prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service.~~

~~(b)(1) The Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, may establish criteria and procedures to review whether a request made under subdivision (a)(1) of this section should be granted for the requesting party and specified health benefit plan For a prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service to be exempt from the gold card program, a healthcare insurer or pharmacy benefits manager may submit a written request to the Arkansas State Board of Pharmacy for approval.~~

~~(2) A request under subdivision (b)(1) of this section shall state the reason the request is being made for each prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service for which exemption from the gold card program is requested.~~

~~(3) The Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, shall establish criteria and procedures to review whether a request for exemption from the gold card program made under subdivision (b)(1) of this section should be granted.~~

~~(4) Under the criteria established and procedures described~~

under subdivision (b)(3) of this section, the Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, shall determine whether to approve a request to exempt a prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service from the gold card program.

(5) The Arkansas State Board of Pharmacy shall promptly notify the entity that made the request of the joint decision made by the Arkansas State Board of Pharmacy and the Arkansas State Medical Board.

(6) The decision of the Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, regarding each prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service shall apply to all healthcare insurers or pharmacy benefits managers.

(7) The Arkansas State Board of Pharmacy shall post on the Arkansas State Board of Pharmacy's website a list of prescription drugs, medicines, biological products, pharmaceuticals, or pharmaceutical services that are exempt from the gold card program.

(8) An approval for exemption from the gold card program is valid for two (2) years from the date of the notice provided under subdivision (b)(5) of this section.

~~(c)(1) The Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, may determine whether or not a prescription drug, medicine, biological product, pharmaceutical, or pharmaceutical service may be subject to prior authorization by a health benefit plan under the criteria and procedures under subsection (b) of this section.~~

~~(2) The Arkansas State Board of Pharmacy shall promptly notify the entity that made the request of the joint decision made by the Arkansas State Board of Pharmacy and the Arkansas State Medical Board.~~

~~(d) The Arkansas State Board of Pharmacy shall make available to any person who requests it, a list for any health benefit plan of prescription drugs, medicines, biological products, pharmaceuticals, or pharmaceutical services that require a prior authorization under this section.~~

SECTION 9. Arkansas Code § 23-99-1129 is repealed.

~~23-99-1129. Appeals process for disallowance of prior authorization.~~

~~(a) If the Arkansas State Board of Pharmacy and the Arkansas State Medical Board, jointly, disallow a prior authorization of a prescription~~

~~drug, medicine, biological product, pharmaceutical, or pharmaceutical service requested under § 23-99-1128, a healthcare insurer, pharmacy benefits manager, or other interested party may file an appeal to the State Insurance Department within ninety (90) days of the disallowance of the prior authorization.~~

~~(b) No later than the thirtieth day after the date a healthcare insurer, pharmacy benefits manager, or other interested party files an appeal under subsection (a) of this section, the Insurance Commissioner shall appoint an independent review organization to review the appeal.~~

~~(c) A healthcare insurer, pharmacy benefits manager, or other interested party that files an appeal under subsection (a) of this section shall pay for the independent review organization appointed under subsection (b) of this section to review the appeal.~~

~~(d) A healthcare insurer, pharmacy benefits manager, or other interested party is bound by the independent review organization's determination of the appeal under this section."~~

AND

Page 11, delete lines 1 through 7

AND

Appropriately renumber the sections of the bill

The Amendment was read _____
By: Representative L. Johnson
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ANS207 _____ Chief Clerk